PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT (Column 1) (Column 2) TYPE OR SMALL ENT												R THAN	1
٦	OTAL CLAIMS	<u> </u>	30 .	:				RATE	FEE] .	RATE	FEE	1
F	OR .		NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	1
T	OTAL CHARGE	ABLE CLAIMS	30 - minus 20=		10			X\$ 9=		OR	XS18=	180	1
INI	DEPENDENT C	LAIMS	_2 _ minus 3 =		σ			X43=		OR	X86=	1	1:
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		1	+290=		1
I the difference is solvern 1 is long than 700 a color 70° is solvern 2												900	╁
											OTHER		֓֟֟֓֟֟֟֓֟֟֟ <i>֟</i>
ř	1122101	(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY	J	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER HUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 30	Minus	- 5	20			X\$ 9=	,	OR	X\$18=		
	Independent	ب كا	Minus	<u> </u>	<u> 2. </u>	=	ſ	X43=	. •	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.146		• •	+290=		
			•		•		L	+145=		OR	+290s		
					•		A	DOIT. FEE		OR	ADDIT. FEE	<u> </u>	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							.					
AMENDMENT B	•	REMAINING AFTER AMENOMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	·
	Total ·	•	Minus	 ,.			ł	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		• .	r	X43=	•	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<u>بر</u>			
+145=											+290=		l
	TOTAL ADDIT, FEE										TOTAL VODIT. FEE		
•		(Calumn 1)	<u></u>	(Colum		(Column 3)			٠.		•:	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
\$ [Total	•	Minus	**		•	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus .	***		•	-	X43=	-	ŀ	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~****	—	OR	∨00 2		
										OR	+290=	·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* *** ADDIT. FEE *** ADDIT. FEE										OR A	TOTAL DDIT. FEE	•	
T	toe "Highest Nur he "Highest Num	mber Previously Paid ber Previously Paid	d For IN THE For (Total or	S SPACE is i Independen	less than t) is the	3, enter "3." highest number	• -		opriate box				

FORM PTO-875 (Rev. 1003)